



FIELDSTONE COUNSELING

Dear Friend,

Welcome to Fieldstone Counseling. At Fieldstone, our mission is to engage with your experience through biblically based, Christ centered, and clinically informed counseling. I am honored that you are considering counseling with us, and it is my prayer that your time with us will be a time of encouragement, support, and healing.

Our counseling here at Fieldstone Counseling is explicitly Christian and Bible based. Although our approach is fundamentally biblical and Christ-centered, we understand that many people come to us with a history of diagnoses and medications, and we consider each individual's clinical history with respect and due care. You can read more about what that means on our website if you're curious. The best way for me to sum up our counseling philosophy is that we believe God's word is the story of stories. In its pages, we find a God who meets us in the midst of our need and offers us hope through his son, Jesus Christ. We believe and are committed to engaging your life with the life-transforming truth of Scripture. The Apostle Paul writes in the Bible, "...the Lord—who is the Spirit—makes us more and more like him as we are changed into his glorious image" (2 Corinthians 3:18b, NLT).

The first step in the counseling process is to complete the intake forms that follow. We have designed them to obtain as much information as possible to give the counselor much needed context and history. **You will need approximately 45 minutes to complete these forms.** Please read through everything carefully, and contact us with any questions you might have.

Again, thank you for entrusting us with this opportunity for growth.

By His grace,

Jonathan Holmes
Executive Director, Fieldstone Counseling

4520 S. Arlington Road · Uniontown, Ohio 44685
(330) 899-1232 · fieldstonecounseling.org

About This Packet

In this packet you will find:

- Maps with directions to the Fieldstone Counseling offices
- Intake forms and the Hold Harmless/Informed Consent Form
- Instructions regarding our suggested donations per session

Sending in your packet:

Once completed, you can send your paperwork in one of three ways:

- Scan and email to: info@fieldstonecounseling.org
- Mail to: Fieldstone Counseling, 4520 S. Arlington Road, Uniontown Ohio 44685
- Drop it off at our offices on Monday, Wednesday, or Friday, from 9:00 AM–4:00 PM

What's next?

- Please allow 1 week to process your paperwork.
- A Fieldstone scheduler will contact you to set up an appointment.

Please note:

- Childcare is not provided; children, for their safety, are not allowed to sit unattended in our reception area.
- Appointments cannot be scheduled until intake paperwork is submitted.

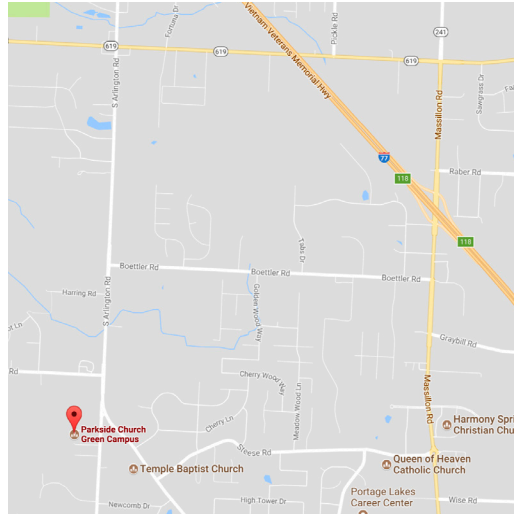
Locations

Fieldstone Counseling Green

4520 S. Arlington Road

Uniontown, Ohio 44685

(330) 896-7204

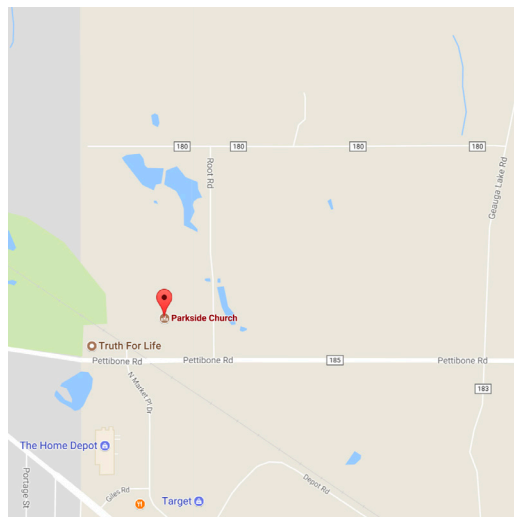


Fieldstone Counseling Bainbridge

7100 Pettibone Road

Chagrin Falls, Ohio 44023

(330) 896-7204



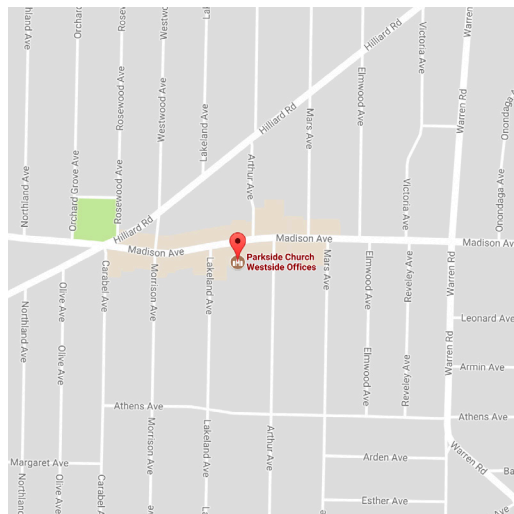
Fieldstone Counseling Westside

15529 Madison Avenue

Lakewood, Ohio 44107

(330) 896-7204

This office is located above Barrio Tacos.



Each of Fieldstone Counseling's locations are Parkside Church campuses/offices.

Fieldstone Counseling Intake Paperwork

General Information

Full Name _____ Today's Date ____/____/____

Your D.O.B. ____/____/____ Nickname _____

Address _____ City _____ Zip Code _____

Email _____

Home Phone _____ Cell Phone _____

Primary method of communication: Phone Call Email Text

Are there any methods of communication that you prefer **NOT** to be used? (check all that apply)

Home Phone Cell Phone Home Address Email

Are you currently employed? Yes No

Occupation _____

Last education completed:

GED High School Some college College Graduate work

Current marital status:

Single Dating Married Separated Divorced Widowed

How did you hear about us?

A friend Our website Pastor/Church School

Other _____

Please mark available times to meet with a counselor:

Morning Afternoon Evening
 Monday Tuesday Wednesday Thursday Friday

Emergency Contact Person _____ Phone Number _____

Marriage & Family Information

Spouse's Name _____ Spouse's D.O.B. ____/____/____

Anniversary ____/____/____ Ages when married: Husband _____ Wife _____

Is his/her address same as above? Yes No If not: _____

Spouse's Occupation _____

Has your spouse ever been divorced/separated? Yes No

Have you ever been divorced/separated? Yes No

If yes to either, please briefly explain: _____

Child's Name	Age	Gender	Marital Status

Please indicate children from previous marriages/relationships.

Spiritual Background

Do you attend a local church or a place of worship? Yes No

If yes, please list the name/address of your church: _____

Church attendance per month (circle one) 0 1 2 3 4 5 6 7 8+

Have you been baptized? Yes No

Would you describe yourself as a Christian? Yes No

Please explain what that means to you. _____

Are there any spiritual practices that are a part of your life? If so, please list and describe.

- | | | | | |
|---------------------------------|-------|--------------|-------|-----|
| Do you read the Bible? | Never | Occasionally | Often | |
| Do you pray? | Never | Occasionally | Often | |
| Do you have family devotions? | Never | Occasionally | Often | N/A |
| Do you pray with your spouse? | Never | Occasionally | Often | N/A |
| Do you pray with your children? | Never | Occasionally | Often | N/A |

Please explain any recent changes in your spiritual life: _____

Prior Counseling & Health Information

Have you received counseling at Fieldstone Counseling before? Yes No

If so, who was your counselor? _____

Have you received counseling outside of Fieldstone Counseling? Yes No

Please list below.

Counselor/Psychologist/ Psychiatrist/Pastor	Duration	Medication Prescribed?	Diagnosis or Outcome	Was it helpful?

Please list 6 words to describe your personality:

Please check all the following that are relevant to you at this time:

- | | | |
|--|---|---|
| <input type="checkbox"/> I feel depressed | <input type="checkbox"/> I struggle with | <input type="checkbox"/> I struggle sexually |
| <input type="checkbox"/> I feel anxious | compulsive behaviors | <input type="checkbox"/> I have committed adultery |
| <input type="checkbox"/> I feel insecure | <input type="checkbox"/> I struggle with worry | <input type="checkbox"/> My spouse has committed adultery |
| <input type="checkbox"/> I feel inferior | <input type="checkbox"/> I struggle with doubt | <input type="checkbox"/> My spouse is a poor communicator |
| <input type="checkbox"/> I feel hopeless | <input type="checkbox"/> I struggle with bitterness | <input type="checkbox"/> I am a poor communicator |
| <input type="checkbox"/> I feel fearful | <input type="checkbox"/> I feel worthless | <input type="checkbox"/> I do not attend church regularly |
| <input type="checkbox"/> I feel angry | <input type="checkbox"/> I am having marital problems | <input type="checkbox"/> I strongly fear rejection |
| <input type="checkbox"/> I struggle with anger | <input type="checkbox"/> I struggle with my in-laws | <input type="checkbox"/> I have been sexually abused |
| <input type="checkbox"/> I feel sad | <input type="checkbox"/> I struggle as a parent | <input type="checkbox"/> I have been physically abused |
| <input type="checkbox"/> I abuse alcohol | <input type="checkbox"/> I use illegal drugs | <input type="checkbox"/> I have been verbally abused |
| <input type="checkbox"/> I think of suicide | <input type="checkbox"/> I use prescription drugs | <input type="checkbox"/> I have been sexually abusive |
| <input type="checkbox"/> I feel inadequate | <input type="checkbox"/> I abuse prescription drugs | <input type="checkbox"/> I have been physically abusive |
| <input type="checkbox"/> I have obsessive thoughts | <input type="checkbox"/> I view pornography | |

Recent weight change? _____

Average number of hours of sleep per night? _____

Describe any changes in your sleep patterns. _____

Average number of hours per week watching TV? _____

Average number of hours per week online (recreational)? _____

Please circle all social media sites you regularly use:

Facebook Instagram Pinterest Snapchat Twitter Dating Sites Online Chatrooms

Health:

Very Good Good Average Declining

Hearing:

Very Good Good Average Declining

Sight:

Very Good Good Average Declining

Appetite:

Very Good Good Average Declining

Energy:

Very Good Good Average Declining

Are you presently taking any RX medication? Yes No

Have you seen a physician or family doctor within the past 6 months? Yes No

Is there anything that would be helpful for your counselor to know as a result of your time with your doctor?

Have you ever used drugs for other than medical purposes? Yes No

If yes, please explain: _____

Do you drink alcoholic beverages? Yes No

How often? _____

Do you use tobacco or tobacco-related products? Yes No

How much? _____

Informed Consent & Hold Harmless Agreement

Please read this document carefully, and initial to indicate that you understand and consent to the content of each section. It explains what you can expect from Fieldstone Counseling and what will be expected from you.

Emergencies

During office hours, you can contact our office at (330) 896-7204. Fieldstone Counseling does not provide 24-hour emergency crisis counseling. If you are unable to reach your counselor in a timely manner, you should contact a physician, a local emergency room, or the local police department as applicable. In case of emergencies, you should call 911. It is your responsibility to seek the appropriate resources in emergency situations.

_____ (initial)

Length of Counseling

The length of counseling will vary by situation, but the goal of the counseling process is to thoroughly and adequately address your concerns in a timely manner, without unnecessary waste of resources. Regardless, a Fieldstone counselor may find it necessary to end a counseling relationship in certain situations. These situations include, but are not limited to, a failure to attend scheduled sessions, excessive cancellations, prolonged periods without meeting, incomplete paperwork, or other assignments or a general unwillingness to practice and heed counsel given.

_____ (initial)

Session Duration and Suggested Donation

Counseling sessions will be 50 minutes in duration. Fieldstone Counseling is able to operate on the basis of your financial donations. In Northeast Ohio, the market rate for a 50-minute session of counseling ranges from \$50-195. Although no one will be turned away on the basis of the amount donated, we suggest a donation of \$65 per session for an individual and \$95 per session for a marital or family counseling session. For those in need of financial assistance, please visit the website to download a financial aid form.

_____ (initial)

Cancellation Policy

Fieldstone Counseling requests at least 24-hour notice for any cancellation. Should you fail to appear for any appointment without the required 24-hour notice, Fieldstone Counseling suggests that you consider a donation of \$25 for each missed appointment.

_____ (initial)

The Counselor-Counsee Relationship

Your relationship with your counselor is that of a counsee with an experienced biblical counselor, and as such social and personal interaction will be avoided.

_____ (initial)

Biblical counseling at Fieldstone Counseling is a ministry in which the Bible is used to disciple, counsel, and mentor you in order that you may become a disciple of Jesus Christ. This ministry is neither a business nor a profit-oriented activity.

_____ (initial)

Your Fieldstone counselor is trained in the use of the Scriptures in counseling settings. Although some of our counselors have additional training and/or licensure, for purposes of their counseling at Fieldstone, they solely practice biblical counseling, which requires a commitment to the position that the Scriptures provide the authoritative rule of faith and standard of conduct. Please note that, as biblical counselors, Fieldstone counselors are not professional counselors or professional therapists as described in Chapter 4757 of the Ohio Revised Code, and Fieldstone Counseling does not otherwise provide professional clinical counseling or professional mental health services.

_____ (initial)

Email & Phone Consultations

In the interest of confidentiality and to uphold the counselor-counselee relationship, Fieldstone counselors will not provide counseling via email, text, or any other messaging service (i.e. Facebook Messenger), and you agree that substantive correspondence with your counselor by email or phone should be kept at a minimum and will not address sensitive issues.

_____ (initial)

Statement of Confidentiality

Counseling will adhere to very strict confidentiality standards. Counselee information is managed using procedures designed to protect the privacy and security of personal data. Counseling records are strictly confidential. In order to protect your right to confidentiality, your written authorization is required if you desire that information be shared by us about your counseling to another person or agency.

In the case of marriage or family counseling, there is limited confidentiality, meaning that confidentiality belongs to the relationship and not to the individual, and what is shared by one family member is not kept private from the other family member(s).

Although we make every effort to maintain confidentiality, some situations require us to share information with others. For example, the following situations may require disclosure to governmental authorities or affected persons or entities:

- A disclosure of child abuse;
- A disclosure of elder or dependent adult abuse;
- A disclosure of spousal abuse;
- A disclosure that you present a serious risk of harm to yourself;
- A disclosure that you present a serious risk of harm to another person;
- A disclosure which in the opinion of the mentor or church leaders requires action to protect the participants in Biblical Counseling, the church itself or any other interest of the church;

- A disclosure required by a subpoena or other court order from a federal, state, or local agency or court; Any other disclosure required by federal, state, or local law.

_____ (initial)

Supervision

The staff of Fieldstone Counseling operates as a team to improve the quality of counseling we offer. Your counseling may be discussed with your counselor’s direct supervisor, Executive Director, and other counselors at Fieldstone Counseling (during group supervision).

Such discussions will remain confidential. Names will only be shared with the Executive Director or Fieldstone’s supervisor on an as needed basis. Tape or video recording may be made of your counseling sessions for training purposes. This will be done only with your knowledge and written consent.

_____ (initial)

Hold Harmless Agreement

CAUTION—READ CAREFULLY BEFORE SIGNING: In consideration of the offer and provision of biblical counseling, you agree to release, waive, discharge and covenant not to sue Fieldstone Counseling and/or its affiliates, its officers, servants, agents, and employees, including individual counselors, as well as Parkside Church, Parkside Church Green, and/or their affiliates, officers, servants, agents, and employees (hereinafter referred to as “releasees”) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or relating to any loss, damage or injury, that may be sustained by you, or to any property belonging to you, whether caused by the negligence of the releasees, or otherwise relating to your participation in biblical counseling with Fieldstone Counseling. You further agree to indemnify and hold harmless the releasees, from any loss, liability, damage, or costs they may incur due to your participation in biblical counseling with Fieldstone Counseling, whether caused by the negligence of any or all of the releasees, or otherwise. By signing below, you agree that it is your express intent that this Release shall bind the members of your family and spouse, and your heirs, assigns, and personal representatives.

In signing below, you acknowledge and represent that:

- A. You have read the foregoing Informed Consent and Hold Harmless Agreement and sign it voluntarily;
- B. You are at least eighteen (18) years of age and fully competent; and
- C. You execute this Informed Consent and Hold Harmless Agreement for adequate and complete consideration, fully intending to be bound by same.

Name _____ Date _____

If applicant is under the age of eighteen (18) years of age, a signature is required of a legal parent and/or guardian:

Name of parent/legal guardian _____ Date _____